



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES

100 MAIN STREET
PAWTUCKET RI 02860

APPLICATION FOR CHAUFFEUR LICENSE WITH PUPIL TRANSPORTATION CERTIFICATE

This completed application must be presented to the School Bus Safety Office at the Division of Motor Vehicles located in the Apex building at 100 Main St Pawtucket RI

APPLICANT INFORMATION			
Full Name			
Former Name(s) Used			
Residence			
(Number and Street)		City or Town	State / Zip
Former Address (last 10 Years)			
(Number and Street)		City or Town	State / Zip
Mail Address (if different)			
(Number and Street)		City or Town	State / Zip
LICENSE INFORMATION			
Sex: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)		Place of Birth:
Weight: lbs	Height: ft inches	Eye Color:	Hair Color
Do you now hold a valid license? YES <input type="checkbox"/> NO <input type="checkbox"/> If so in what State?			
License #	Expiration Date (mm/dd/yyyy)		
Has your license ever been suspended in this or another State? YES <input type="checkbox"/> NO <input type="checkbox"/>			
How long have you held a license to operate motor vehicles in this state? _____			
In what other state(s) have you held a license? _____		How long? _____	
Have you ever been convicted before in any District or Superior Court for any offense? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please explain in the Legal Detail section on the back of this document			
Are you being treated for any medical conditions or are you on any medication? YES <input type="checkbox"/> NO <input type="checkbox"/> If you are on medication please provide details in the Medical Detail section on the back of this form			
REFERENCES			
<i>Applicants for the Pupil Transportation License are required to have three certificates signed by the responsible persons attesting to the applicant's good character and habits. Please have the references sign below.</i>			
I hereby certify I have known : _____ for____ years and know him/her to be honest, sober and of good character and habits.	I hereby certify I have known : _____ for____ years and know him/her to be honest, sober and of good character and habits.	I hereby certify I have known : _____ for____ years and know him/her to be honest, sober and of good character and habits.	
Signed:	Signed:	Signed:	
Address	Address	Address	
City	City	City	
Occupation	Occupation	Occupation	
Phone	Phone	Phone	



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POLICE DEPARTMENT USE

Town or City of: _____ State: _____

Applicants must be at least 21 years of age and meet all requirements. Each police department is requested to complete a background investigation concerning the applicant. Non R.I., Residents must submit a state and a local BCI check and a certified copy of a driving record. Neither document can be more than 30 days old. Documents should be submitted with the application.

BCI check completed? YES ☐ NO ☐

State BCI check completed? YES ☐ NO ☐

Other – Specify: _____

RECORD YES ☐ NO ☐

RECORD ATTACHED: YES ☐ NO ☐

APPROVED YES ☐ NO ☐

Signature of Chief of Police

Department / City Seal

MEDICAL DETAIL (PROVIDE DETAILS ON MEDICAL CONDITIONS OR MEDICATIONS)

LEGAL DETAIL (PROVIDE DETAILS ON ANY CONVICTIONS OR LICENSE SUPSPENSIONS)

CERTIFICATION AND AUTHORIZATION

I certify that my answers are true and complete to the best of my knowledge. As part of the application process the Office of School Bus Safety will make inquires to National, State and Local Law Enforcement agencies to determine the fitness and competency of the applicant to operate a Pupil Transportation vehicle.

I, _____, voluntarily consent to the release of any and all information on file with the above stated agencies.
(Applicant Print Name)

Applicant Signature

Print Name

Date (mm/dd/yyyy)

Subscribed and sworn to me on _____ day of _____ 20____

NOTARY PUBLIC

Commission Expires Date